

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097936520
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13		1					63				
14		2					64				
15	801						65				
16	1						66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26	401						76				
27	424						77				
28	4						78				
29	4						79				
30	4						80				
31	4						81				
32	4						82				
33	4						83				
34	401						84				
35	102						85				
36	101						86				
37	101						87				
38	24						88				
39	1						89				
40	1						90				
41	101						91				
42	101						92				
43	101						93				
44	101						94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	166	→	→	→			TOTAL DEP.	→	→	→	
TOTAL CLAIMS	74						TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
PTO 1360 (3-78) 100-1000

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